



Llywodraeth Cymru
Welsh Government

TOBACCO CONTROL DELIVERY PLAN FOR WALES 2017-2020

Dewiswch fod yn Ddi-fwg
Choose Smokefree



Foreword

It is 10 years since the ban on smoking in enclosed public and work places was introduced in Wales. The ban has been a huge public health success with fewer people in Wales being exposed to second-hand smoke and the percentage of Welsh adults smoking at a record low. Our National Survey results show that smoking prevalence rates in Wales have fallen to 19%. This is welcome news and an opportunity to reflect on what has been achieved since the introduction of our 2012 Tobacco Control Action Plan; and to consider what is still required to achieve our target of 16% by 2020.

Smoking is the risk factor which contributes most to the current burden of disease in Wales. It causes approximately 5,450 deaths each year in Wales, and costs the Welsh NHS an estimated £302 million per year. Smoking also remains one of the main causes of inequalities in health, with smoking rates in the most deprived areas over double those of the least deprived areas.

Stopping smoking will improve people's health and life expectancy, and will reduce pressures on the NHS. This Tobacco Control Delivery Plan for Wales, 2017-2020, details a number of measures to reduce smoking further, to prevent young people from taking it up in the first place and to improve health outcomes for all our communities both now and into the future.

New Welsh legislation will play a key part in de-normalising smoking and protecting non-smokers from exposure to second-hand smoke. The Public Health (Wales) Act 2017 will address a number of specific public health concerns linked to the harms associated with smoking and; the Well-being of Future Generations Act 2015 will ensure that well-being planning across communities will limit the impact of tobacco on individuals, now and in the future.

The achievement of good health and the wider economic, environmental and social determinants of health can only be tackled by concerted and collective action. This is the basis upon which this delivery plan has been developed.

A handwritten signature in black ink that reads "Rebecca Evans". The signature is written in a cursive, flowing style.

Rebecca Evans AM, Minister for Social Services and Public Health

Introduction

The Tobacco Control Action Plan for Wales (TCAP)¹, published in 2012, provides a clear direction of work to reduce smoking prevalence in Wales; with an overall vision of a smoke-free society for Wales in which the harm from tobacco is eradicated.

The plan is divided into 4 action areas:

- Action Area One: Promoting Leadership in Tobacco Control
- Action Area Two: Reducing the uptake of smoking
- Action Area Three: Reducing smoking prevalence levels
- Action Area Four: Reducing exposure to second-hand smoke

The TCAP has been supported by a detailed delivery plan. The overarching target of the TCAP is to reduce adult smoking to 16% by 2020, with an interim target of 20% smokers by 2016.

The 2016 target was achieved ahead of schedule with 19% adult smoking prevalence recorded in 2015.

In order to ensure that progress remains on track a new Tobacco Control Strategic Board was established in 2016. The Strategic Board, supported by sub-groups on prevention, cessation and de-normalisation, and a task and finish group on illegal tobacco, has considered the actions required to invigorate activity and help us achieve the 2020 target which has been re-stated in Taking Wales Forward 2016-21².

This delivery plan has been produced as a result of that work and will guide action until the end of 2020.

¹ <http://gov.wales/docs/phhs/publications/120202planen.pdf>

² <http://gov.wales/docs/strategies/160920-taking-wales-forward-en.pdf>

Looking ahead and monitoring progress

Success between 2017 and 2020 will be assessed nationally by the overall outcomes below. Each sub-group of the Tobacco Control Strategic Board will monitor indicators within their action area; whilst proposed indicators and aspirations are suggested for monitoring delivery of many of the individual actions. Progress will be reviewed in order to develop a new Action Plan with targets for 2020 and beyond.

The overarching brand 'Choose Smokefree' has been developed to take forward all strands of future tobacco control work in Wales to ensure coherence across Wales.

Overall outcomes

| Overall outcomes | Source | Latest figures | Target 2020 |
|--|---|--|--|
| Adult smoking prevalence in Wales to be reduced to a maximum of 16% by 2020. | National Survey | 19% (2016/17) ³ | 16% |
| Smoking prevalence amongst the three highest quintiles of deprivation (Welsh Index of Multiple Deprivation) to be reduced at a faster rate than quintiles one and two. | National Survey | 23% in three most deprived quintiles 13% in the two least deprived. (2016/17) ⁴ | |
| Regular (weekly) smoking prevalence among 15-16 year olds to be reduced. | Health Behaviour in School-aged Children/School Health Research Network studies (HBSC/SHRN) | 9% (HBSC 2013/14) ⁵ | 5% |
| The percentage of pregnant women who are smokers at 36 weeks gestation (CO>10ppm) to be reduced. | PHW maternity indicators | Baseline to be established 2017/18 | Year on year decrease in each health board |

³ <http://gov.wales/docs/statistics/2017/170629-national-survey-2016-17-population-health-lifestyle-en.pdf>

⁴ <https://stats.wales.gov.wales/Download/File?fileId=535>

⁵ <http://gov.wales/statistics-and-research/health-behaviour-school-aged-children/?lang=en>

Action Area 1: Leadership

Progress to date

There has been concerted, system-wide action to reduce smoking prevalence, resulting in smoking rates among adults being at a low of 19% in 2016/17.

Universal tobacco control legislation in the last five years has provided a more robust background to work to reduce the acceptability and appeal of cigarettes among the young and to create an environment where smoking is no longer seen as a normal activity. Two major pieces of UK legislation came fully into force on 20th May 2017:

- The Standardised Packaging of Tobacco Products Regulations 2015⁶; and
- The Tobacco and Related Products Regulations 2016⁷ which transposed the European Tobacco Products Directive 2014⁸.

The Standardised Packaging of Tobacco Products Regulations 2015 requires all tobacco produced after 20th May 2016 to be in standard drab-coloured packaging with large graphic images on the front and back of the packets to highlight the health effects of smoking. All packs sold from 20th May 2017 must be in this packaging.

The Tobacco and Related Products Regulations 2016 includes a range of measures including the prohibition of characterising flavours and certain promotional and misleading descriptors on packaging of tobacco products such as “lite”, “natural” and “organic”; and requiring that cigarettes are sold in packs of a minimum of 20 sticks and Hand Rolling Tobacco in a minimum of 30 gram packets.

Duty on all tobacco products continues to rise at a rate above inflation, and from 20 May 2017 there is a minimum excise tax for cigarettes which targets the cheapest tobacco⁹.

⁶ <http://www.legislation.gov.uk/ukdsi/2015/9780111129876>

⁷ http://www.legislation.gov.uk/ukdsi/2016/507/pdfs/uksi_20160507_en.pdf

⁸ http://ec.europa.eu/health/sites/health/files/tobacco/docs/dir_201440_en.pdf

The Public Health (Wales) Act 2017¹⁰ will introduce further legislation in Wales to support our efforts to reduce smoking and to prevent the uptake of smoking. It will enable the introduction of a register of retailers of tobacco and nicotine products, will provide the power to add offences to the list of offences which contribute to a Restricted Premises Order, and make it an offence to hand over tobacco or nicotine products to those under 18 via home delivery and collection services.

In addition, all health boards provide local leadership by having strategic plans in place which demonstrate a whole-system approach to addressing all lifestyle risk behaviours, including smoking¹¹.

Third sector leadership is provided by ASH Wales. Funding has been provided for a further three years to enable the organisation to support this plan.

The content of this delivery plan is consistent with the goals of the Well-being of Future Generations (Wales) Act 2015¹², and was developed by adopting the ways of working underpinning the Act. This plan is one of the responses to Prosperity for All, the national strategy; specifically the aim to improve health and well-being in Wales, and to provide a greater emphasis on prevention.

Key challenges

Achieving the smoking prevalence target of 16% by 2020 remains very challenging and will require ongoing, concerted effort by a number of partners. It is imperative that those involved in this agenda recognise, despite falling prevalence levels, the need to maintain a focus on tobacco control as a core component of efforts to improve population health.

Those with lead responsibility for actions are therefore expected to work closely with all relevant bodies, both nationally and locally. It will be particularly important for Public Service Boards, health boards, local authorities and Public Health Wales to be involved in

⁹ <https://www.gov.uk/government/publications/spring-budget-2017-documents/spring-budget-2017>

¹⁰ <http://www.legislation.gov.uk/anaw/2017/2/contents/enacted>

¹¹ <http://gov.wales/topics/health/nhswales/organisations/planning/?lang=en>

¹² <http://www.legislation.gov.uk/anaw/2015/2/contents/enacted>

a range of local and national actions, collaborating and integrating efforts, particularly where a 'Once for Wales' approach is required.

Some of the specific challenges which will need to guide activity include:

- Ensuring the health inequity caused by smoking is reduced by targeting our efforts in those communities and among those groups where smoking is more common in order to reduce the inequalities in health and life expectancy which result from these differences.
- Considering appropriate methods of communication, including the role of the digital world and social media and how this can be used for good; whilst counteracting potential harm.
- Addressing the potential challenges, risks and benefits for tobacco policy from new and emerging technologies and products for nicotine delivery.

Actions

| Action | | Lead responsibility | To commence by | To conclude by | Further detail of what is required |
|--------|---|---------------------------------|-------------------------------|----------------|--|
| 1.1 | The Tobacco Control Strategic Board will provide leadership for tobacco control in Wales and maintain oversight of the delivery of the Tobacco Control Delivery Plan. | Tobacco Control Strategic Board | 6 th December 2016 | February 2020 | The Strategic Board will make recommendations for a refreshed Tobacco Control Delivery Plan and will ensure that targeted work remains on track to reduce smoking prevalence to 16% by 2020. |
| 1.2 | The Welsh Government will continue to work with the UK Government on a broad range of action on non-devolved tobacco control issues. | Welsh Government | Ongoing | Ongoing | Welsh Government officials will continue to work closely with the UK Government and the devolved administrations as appropriate, and particularly on illicit/illegal tobacco, new tobacco products and issues arising as a result of Brexit. |
| 1.3 | The Tobacco Control Strategic Board will ensure populations with a higher prevalence of smoking, both geographic and high risk groups, are targeted appropriately. | Tobacco Control Strategic Board | March 2017 | Ongoing | Appropriate targeting approach required by each health board and Public Health Wales. Service providers to identify barriers to engagement with services and address issues. |
| 1.4 | The Tobacco Control Strategic Board will establish, co-ordinate and review a programme dealing with illicit/ illegal tobacco use in Wales. | Tobacco Control Strategic Board | July 2017 | Ongoing | |
| 1.5 | The Tobacco Control Strategic Board will ensure scrutiny, monitoring and evaluation of actions in the Tobacco Control Delivery Plan. | Tobacco Control Strategic Board | September 2017 | Ongoing | |

| Action | | Lead responsibility | To commence by | To conclude by | Further detail of what is required |
|---------------|--|---------------------------------|-----------------------|-----------------------|--|
| 1.6 | The Tobacco Control Strategic Board will maintain an overview of new and emerging threats to tobacco control. | Tobacco Control Strategic Board | Ongoing | Ongoing | |
| 1.7 | The Tobacco Control Strategic Board will develop a plan and targets for action beyond 2020. | Tobacco Control Strategic Board | January 2020 | December 2020 | |
| 1.8 | In line with the Well-being of Future Generations Act 2015 local community and well-being planning to include action to limit the impact of tobacco on individuals, now and in the future. | Tobacco Control Strategic Board | September 2017 | Ongoing | Public Health Wales and health boards in particular will need to make that case to Public Service Boards of the importance of tobacco control and advice on the content of local cross-sector strategies. |
| 1.9 | ASH Wales will provide third sector leadership in tobacco control. | ASH Wales | Ongoing | Ongoing | ASH Wales will utilise the expertise within the Wales Tobacco Control Alliance to support the Welsh Government in the delivery of the Tobacco Control Action Plan, and in achieving the targets set out in this delivery plan; and co-ordinate the Wales Tobacco or Health Network, with priority areas for discussion being smoke-free spaces, health inequalities and illicit/illegal tobacco. |

Action Area 2: Preventing the uptake of smoking

The best way of stopping smoking is to never start. It is important that young people are supported to choose not to smoke in order to protect their health, and increase the chances of future generations becoming smoke-free.

This section of the plan also focuses on nicotine addiction. We recognise the benefits of switching to other nicotine delivery products for those who are smoking tobacco but there is international consensus that we should be discouraging use of e-cigarettes and other novel products, among the young. This is particularly the case in the current period of uncertainty while we seek to understand more about the complex inter-relationship between experimentation with a range of substances, including e-cigarettes, and tobacco use. This also reflects the introduction of legislation on under age sales and proxy purchase which apply equally to e-cigarettes and tobacco products.

Progress to date

Data from the Health Behaviour in School-Aged Children (HBSC) survey shows the percentage of children in Wales classed as a regular smoker has fallen since 1998. In 2009/10 9% of boys and 14% of girls aged 15 to 16 smoked at least once a week¹³. The 2013/14 figures show smoking is at an all-time low with 7% of boys and 9% of girls aged 15 to 16 smoking regularly¹⁴.

In terms of supportive legislation, the sale of tobacco from vending machines has been banned since 2012¹⁵, and the display of tobacco products has been prohibited, since 2012 in large stores and 2015 in small stores^{16,17,18}. In addition, an offence of proxy purchase of tobacco and e-cigarettes for use by under-18s came into force in England and Wales in October 2016^{19,20}.

¹³ Welsh Government (2011). Health Behaviour in School aged Children: initial findings from the 2009/10 survey in Wales.

¹⁴ Welsh Government (2015). 2013-14 Health Behaviour in School-aged Children Wales: key findings

¹⁵ The Protection from Tobacco (Sales from Vending Machines) (Wales) Regulations 2011

<http://www.legislation.gov.uk/wsi/2011/2498/contents/made>

¹⁶ The Tobacco Advertising and Promotion (Display) (Wales) Regulations 2012 (S.I.2012No. 1285(W.163)

<http://www.legislation.gov.uk/wsi/2012/1285/contents/made>

¹⁷ The Tobacco Advertising and Promotion (Display of Prices) (Wales) Regulations 2012 (S.I.2012No. 1911(W.233)

Schools have been provided with new curriculum materials on the benefits of staying smoke-free, and the JUSTB/Bwy Bywyd programme, which is a peer-influence programme supporting influential Year 8 pupils to talk to their peers about the benefits of remaining smoke-free, continues to be provided to 50 secondary schools each year.

Over 150 schools have achieved the Welsh Network of Healthy School Schemes National Quality Award²¹, which means they have put in place a whole-school approach to a range of health topics including tobacco control.

Both the Healthy and Sustainable Pre-School Scheme, and the Framework for Healthy and Sustainable Higher Education and Further Education include criteria relating to tobacco control.

The focus of this action area is to prepare for the next phase of tobacco control in Wales, a smoke-free future generation beyond 2020. Current work will continue to be delivered but much of the focus of development and planning will be to create a platform for an ambitious and forward thinking programme of work from 2020.

Key challenges

The decline in smoking rates among children and young people is an example of the collective impact of the whole system supported by progressive legislation. Our understanding of the beliefs and attitudes of children and young people around smoking and the factors that increased or decreased the likelihood of a young person becoming a smoker are based on research undertaken some time ago; when smoking rates were higher. But our ultimate goal of achieving a smoke-free future generation will require new approaches, such as maximising the potential of mass media and new media interventions building on international best practice.

<http://www.legislation.gov.uk/wsi/2012/1911/contents/made>

¹⁸ The Tobacco Advertising and Promotion (Specialist Tobacconists) (Wales) Regulations 2012 (S.I.2012No. 1287(W.164))

<http://www.legislation.gov.uk/wsi/2012/1287/contents/made>

¹⁹ The Children and Families Act 2014 <http://www.legislation.gov.uk/ukpga/2014/6/section/91/enacted>

²⁰ S.I 2015/895 - The Nicotine Inhaling Products (Age of Sale and Proxy Purchasing) Regulations 2015

<http://www.legislation.gov.uk/ukdsi/2015/9780111130568>

²¹ <http://www.wales.nhs.uk/sitesplus/888/page/82249/>

We will also need to revisit some of these issues in order to be able to help the next generation of young people in Wales to be smoke-free. The single biggest factor that influences whether a young person smokes is having a mother who smokes. While we need to continue our efforts to support pregnant women and their partners to stop smoking the greatest impact will be achieved by ensuring that the next generation of parents do not become smokers.

While a comprehensive package of legislation is now in place, we need to ensure the full potential of legislation is achieved through effective enforcement.

Indicators

The indicators and actions for this section were proposed by the prevention sub-group and agreed by the Tobacco Control Strategic Board.

| Indicators for preventing the uptake of smoking: Action Area 2 | Source | Latest figures |
|---|---|---------------------------|
| The proportion of pregnant women who are smokers (CO>7ppm) at antenatal booking visit. | Maternity indicators | Incomplete data available |
| The proportion of children and young people aged 11-16 who report being regularly exposed to tobacco in the home. | Possibility of including this in School Health Research Network (SHRN) study | |
| The proportion of young people aged 11 – 16 who have tried tobacco or alternative nicotine delivery systems. | Health Behaviour in School-aged Children/School Health Research Network Studies (HBSC/SHRN) | 17.1% (HBSC 2013/14) |
| The proportion of 15-16 year olds who are regular (weekly) users of tobacco or alternative nicotine delivery systems. | Health Behaviour in School-aged Children/School Health Research Network Studies (HBSC/SHRN) | 9.6% (HBSC 2013/14) |

Actions

| Action | | Lead responsibility | To commence by | To conclude by | Proposed Indicator and/or aspiration | Further detail of what is required |
|--------|--|---------------------|----------------|----------------|---|--|
| 2.1 | Review the tobacco criteria within the National Quality Award for the Welsh Network of Healthy School Schemes to ensure it reflects best available evidence and provides a framework for universal action to promote tobacco free futures in educational settings. | Public Health Wales | April 2016 | Ongoing | Number of schools achieving the tobacco control core indicators within the National Quality Award | Local healthy schools teams will be engaged. |
| 2.2 | Review the tobacco criteria within the National Award Criteria for the Healthy Pre-School Scheme to ensure it reflects best available evidence and provides a framework for universal action to promote tobacco free futures in early years' settings. | Public Health Wales | April 2017 | Ongoing | Number of pre-school settings achieving the tobacco control core indicators | Early years providers and organisations will be engaged. |
| 2.3 | Deliver JUSTB/Bwy Bywyd to a minimum of 50 schools per year identified as having the greatest risk of pupil smoking. | Public Health Wales | | Annual | Proportion of target schools receiving the intervention Number of ambassadors trained | |

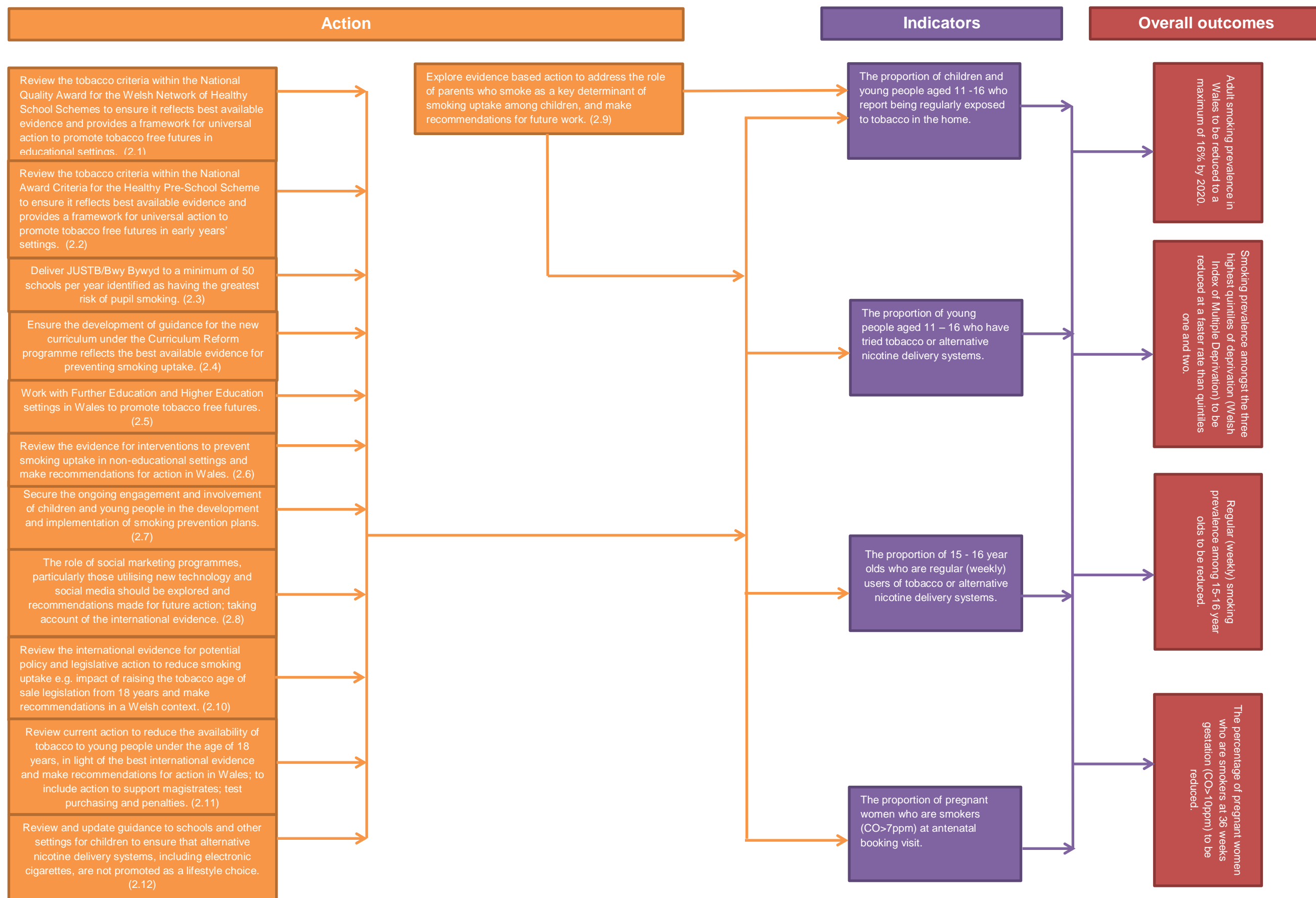
| Action | | Lead responsibility | To commence by | To conclude by | Proposed Indicator and/or aspiration | Further detail of what is required |
|--------|---|------------------------------------|----------------|---|--|--|
| 2.4 | Ensure the development of guidance for the new curriculum under the Curriculum Reform programme reflects the best available evidence for preventing smoking uptake. | Welsh Government | March 2017 | Ongoing, in line with curriculum review | Revised curriculum guidance | |
| 2.5 | Work with Further Education and Higher Education settings in Wales to promote tobacco free futures. | Public Health Wales, Health boards | September 2017 | Ongoing | Further and Higher Education institutions achieving best practice in tobacco control | Representative bodies will be engaged. |
| 2.6 | Review the evidence for interventions to prevent smoking uptake in non-educational settings and make recommendations for action in Wales. | Public Health Wales | April 2018 | March 2019 | Evidence review and recommendations | |
| 2.7 | Secure the ongoing engagement and involvement of children and young people in the development and implementation of smoking prevention plans. | Public Health Wales | September 2017 | April 2018 | | |
| 2.8 | The role of social marketing programmes, particularly those utilising new technology and social media should be | Public Health Wales | March 2018 | March 2019 | Evidence review and recommendations for action | |

| | Action | Lead responsibility | To commence by | To conclude by | Proposed Indicator and/or aspiration | Further detail of what is required |
|------|--|---------------------|----------------|----------------|--------------------------------------|---|
| | explored and recommendations made for future action; taking account of the international evidence. | | | | | |
| 2.9 | Explore evidence based action to address the role of parents who smoke as a key determinant of smoking uptake among children, and make recommendations for future work. | Public Health Wales | April 2018 | March 2019 | Evidence review and recommendations | |
| 2.10 | Review the international evidence for potential policy and legislative action to reduce smoking uptake e.g. impact of raising the tobacco age of sale legislation from 18 years, and make recommendations in a Welsh context. | Welsh Government | April 2018 | December 2018 | Report and recommendations | |
| 2.11 | Review current action to reduce the availability of tobacco to young people under the age of 18 years in light of the best international evidence and make recommendations for action in Wales; to include action to support magistrates; test | Welsh Government | April 2017 | December 2017 | Review and recommendations | This to be considered alongside the implementation of the Public Health (Wales) Act 2017; particularly the section on prohibition of sale which allows consideration of adding relevant offences to restricted premises orders. |

| | Action | Lead responsibility | To commence by | To conclude by | Proposed Indicator and/or aspiration | Further detail of what is required |
|------|---|----------------------------|-----------------------|-----------------------|---|---|
| | purchasing and penalties. | | | | | |
| 2.12 | Review and update guidance to schools and other settings for children to ensure that alternative nicotine delivery systems, including e-cigarettes, are not promoted as a lifestyle choice. | Public Health Wales | September 2017 | November 2017 | Publication and dissemination of guidance | |

Contribution of actions to indicators:

Action Area 2 – Preventing the uptake of smoking

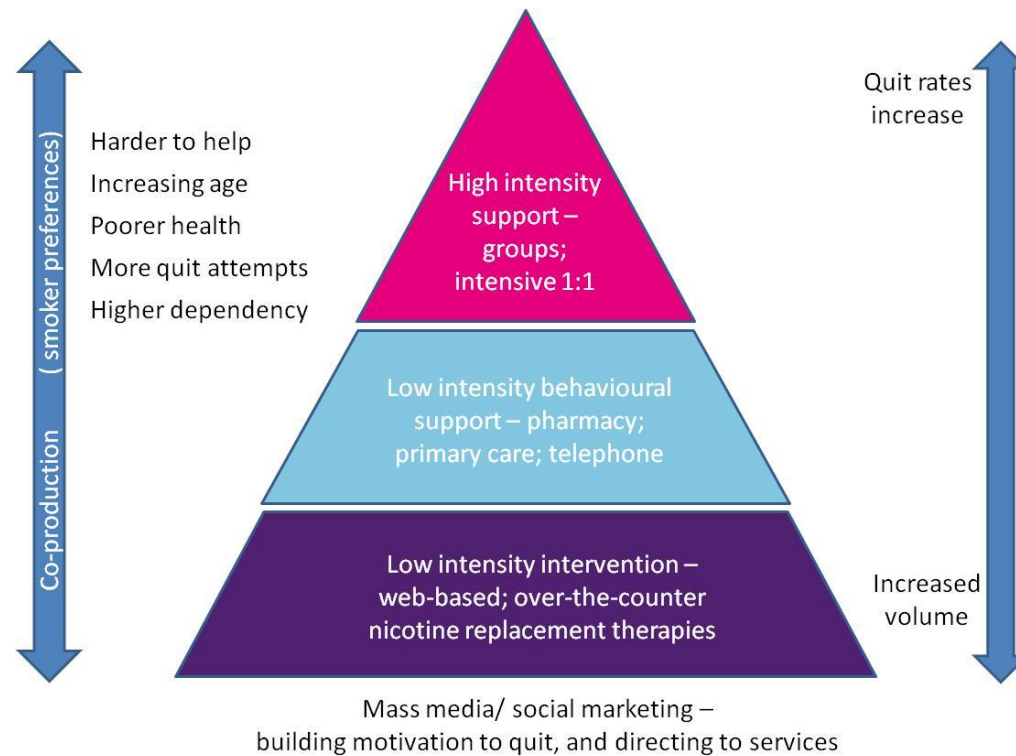


Action Area 3: Reducing smoking prevalence levels

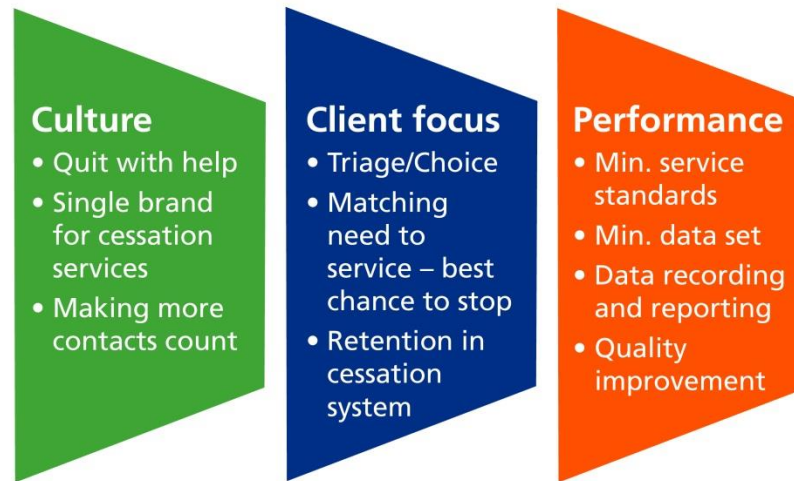
The majority of smokers in Wales (around 6 in 10) want to quit, and just over 4 in 10 have made an attempt to quit in the past year, according to the National Survey for Wales²². Large numbers of these individuals 'go-it-alone', yet this is the least effective method of quitting. In order to achieve a further reduction in adult smoking levels in Wales more smokers need to be motivated to quit, and to use cessation services that offer evidence-based behavioural support combined with appropriate medication/nicotine replacement therapy. The success rate from such provision is 4 times greater than that from an unaided quit attempt.

A range of such services, provided in different settings, is already available. These services have similar levels of quality but differing levels of intensity of support. Better matching these services to the needs, desires and expectations of smokers that are ready to quit, will provide more of them with the very best chance of succeeding. This approach is captured graphically below:

²² <http://gov.wales/statistics-and-research/national-survey/?tab=current&lang=en>



The following are critical pillars in helping more smokers stop with support – firstly creating a culture of *stopping smoking with help* requires concerted and targeted marketing effort and clear/simple routes to accessing that help (for smokers and those that can help build motivation to quit and then refer to support or service). Tailoring services to match need, and maintaining engagement and support will help more smokers successfully quit. Finally, creating and maintaining service quality (meeting and exceeding client needs and expectations) through increased quality control, assurance and improvement efforts.



Progress to date

In April 2013 a target was introduced which requires all health boards to ensure that 5% of their local smoking population is treated by NHS funded services on an annual basis, with 40% of those treated carbon-monoxide-validated as smoke-free after 4 weeks²³. If the target is achieved, it will make an important contribution to the overall aim in the Tobacco Control Action Plan to reduce smoking prevalence levels in Wales to 16% by 2020.

A variety of work has been undertaken to improve smoking cessation. For example, the smoking in pregnancy pilot, Models for Access to Maternal Smoking Cessation Support (“MAMSS”), was developed in 2013 to implement current National Institute for

²³ http://www.nwisinformationstandards.wales.nhs.uk/sitesplus/documents/299/20131223_DSCN_082013.pdf

Health and Care Excellence (“NICE”) guidance on smoking cessation for pregnant women²⁴. The project compared the effectiveness of new smoking cessation models for pregnant women with existing services. Results from the pilots have showed that pregnant women are more likely to engage with smoking cessation services when using support which is embedded within maternity services and is being taken forward across health boards.

As a result of health board action we have seen an increase in NHS smoking cessation services in pharmacies and in hospitals; and The ASH Wales ‘Commit to Quit’²⁵ programme, targets hard-to reach young people.

More health service personnel are able to ‘Make Every Contact Count’²⁶ by motivating smokers they have contact with to make an attempt to quit.

Smoking cessation campaign work has included delivery of mass media campaigns such as ‘Stoptober’ and ‘No Smoking Day’; and our new ‘Help Me Quit’²⁷ single brand for all smoking cessation services in Wales has been launched to make it easier for smokers to access help to quit smoking.



Ewch i helpafiistopio.cymru
neu tecstiwch HMQ i 80818.

Visit helpmequit.wales
or text HMQ to 80818.

0800 085 2219

²⁴ <http://www.wales.nhs.uk/sitesplus/888/page/64809>

²⁵ <http://thefilterwales.org/our-services-commit-to-quit/>

²⁶ <http://www.wales.nhs.uk/sitesplus/888/page/65550>

²⁷ <http://www.helpmequit.wales/>

Despite this effort, no health board has yet met the 5% target²⁸.

Key challenges

Our major aim is to see more smokers using 'Help Me Quit' specialist cessation services to help them quit – accessing the support for themselves or by being referred. In line with the principles of prudent healthcare this approach centres on providing healthcare that is safe, simple and sensitive to individual circumstance, whilst building effectiveness and efficiency across the cessation system.

To achieve this we need to further focus our efforts to create a culture of stopping smoking with help; tailoring support to match need; creating and maintaining service quality; and providing a fully integrated smoking cessation service that meets the changing needs and expectations of smokers.

Specifically, we need to disproportionately increase smoking cessation rates in those communities and groups with the highest levels of smoking prevalence.

²⁸ <http://gov.wales/statistics-and-research/nhs-smoking-cessation-services/?lang=en>

Indicators

The indicators and actions for this section were proposed by the cessation sub-group and agreed by the Tobacco Control Strategic Board.

| Indicators for smoking cessation: Action Area 3 | Source | Latest figures |
|--|--|-----------------------------|
| % smokers reporting having made a quit attempt in the last year. | National Survey | 44% (2016/17) ²⁹ |
| % smokers treated through smoking cessation services. | Performance target | 2.91% ³⁰ |
| % treated smokers CO-validated at 4 weeks as successfully quitting. | Performance target | 42.05% ³¹ |
| % smokers aware of services available to them to help them stop smoking. | Not currently collected | |
| % smokers making a successful self quit attempt. | Not currently collected. Requested for National Survey 2018/19 | |

²⁹ <http://gov.wales/statistics-and-research/nhs-smoking-cessation-services/?lang=en>

³⁰ <https://stats.wales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Performance/smoking-cessation-services/welshresidentsmokersmadequitattemptvianhs-by-lhb-cumulativequarters>

³¹ <https://stats.wales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Performance/smoking-cessation-services/welshresidenttreatedsmokerswhocovaidatedsuccessfullyquitting4weeks-by-lhb-cumulativequarters>

Actions

| Action | | Lead responsibility | To commence by | To conclude by | Proposed indicator and/or aspiration | Further detail of what is required |
|--------|--|---|----------------|----------------|---|---|
| 3.1 | Promote Help Me Quit, the single brand for smoking cessation I in Wales. | Public Health Wales, health boards | January 2017 | May 2017 | Brand launched | |
| 3.2 | Design and develop an integrated stop smoking service, with the varying needs of current smokers at its heart. Needs to incorporate triage and smooth exchange of clients. | Tobacco Control Strategic Board via cessation sub-group | January 2017 | September 2018 | Improvement against smoking cessation targets | <p>Work required to assign actions in designing and setting up such a service. This includes:</p> <ul style="list-style-type: none"> • agreeing minimum standards for the full range of smoking cessation provision • a single brand • common initial assessment/triage • discussion on client choice • initial data capture • engagement in most appropriate service to meet needs and circumstances • retention of clients in system until quit • common metrics with standardised recording and reporting. <p>Services involved:</p> <ul style="list-style-type: none"> • Stop Smoking Wales • Community pharmacy services • in house hospital services |

| Action | | Lead responsibility | To commence by | To conclude by | Proposed indicator and/or aspiration | Further detail of what is required |
|--------|---|--|----------------|----------------|--|--|
| | | | | | | <ul style="list-style-type: none"> • in house GP services • Third sector services • Prison services • Maternity services. |
| 3.3 | Delivery of integrated smoking cessation service. | TCSB | Ongoing | | Sustained improvement in cessation performance targets | All NHS providers to deliver, publicise and refer to Help Me Quit, the integrated smoking cessation service. |
| 3.4 | Develop a national smoking cessation data set to support the delivery of an integrated smoking cessation service. | Public Health Wales, health boards | April 2017 | October 2018 | Common database in use by all smoking cessation services | Key stakeholders involved in delivery of cessation services need to be engaged in the process of agreeing a common data set and other data requirements in preparation for developing a common database. |
| 3.5 | Design, and deliver nationally and locally, repeated marketing and media activity, universal and targeted, to raise awareness of the integrated smoking cessation service and to encourage smokers to services which can help them to quit. | Public Health Wales, health boards | Ongoing | | % of smokers using services as result of awareness campaign work | <p>Key stakeholders need to be engaged in the development of co-ordinated campaigns.</p> <p>Social media to be considered.</p> <p>Existing campaign funding may need to be re-prioritised both nationally and locally.</p> |
| 3.6 | Review targeting strategy for smoking cessation services at a national, health board and local level, prioritising | Welsh Government, Public Health Wales, health boards | May 2017 | | | Via the smoking cessation sub-group of the Tobacco Control Strategic Board. |

| Action | Lead responsibility | To commence by | To conclude by | Proposed indicator and/or aspiration | Further detail of what is required | |
|--------|--|----------------|----------------|--------------------------------------|--|---|
| | geographical areas and population groups with high smoking prevalence. | | | | | |
| 3.7 | Strengthen referral pathways for maternity services to include referral to smoking cessation for all pregnant smokers. | Health boards | Ongoing | Ongoing | Increase in pregnant smokers referred to services. Aspiration: 10% of patients who smoke referred per annum | Referral to smoking cessation should be advised at all appointments, as per MAMSS guidance, with feedback to primary care. Respiratory Health Implementation Group (RHIG) should support this. |
| 3.8 | Strengthen referral pathways to include referral to smoking cessation for all smokers in the following groups: <ul style="list-style-type: none"> • Pre-operative patients • Those with lung disease • Those with mental health conditions. | Health boards | Ongoing | Ongoing | Increase in smokers referred to services. Aspiration: 10% of patients who smoke referred per annum | Motivating smokers to quit and advice on smoking cessation should be part of all appointments, with referral to Help Me Quit if appropriate, and feedback to primary care. Respiratory Health Implementation Group (RHIG) and other appropriate groups and bodies should support this. |
| 3.9 | Primary care clusters to identify and deliver the rate of referral to the integrated smoking cessation services which will achieve | Health boards | April 2017 | Ongoing | Increase in appropriate referrals from primary care | Health boards, local authorities and the third sector will work collaboratively to achieve this. |

| Action | | Lead responsibility | To commence by | To conclude by | Proposed indicator and/or aspiration | Further detail of what is required |
|--------|--|--|----------------|----------------|---|--|
| | a year on year reduction in smoking prevalence. | | | | | |
| 3.10 | Increase referral rates to smoking cessation services from GP practices. | Health boards | April 2017 | Ongoing | Aspiration: 10% of patients who smoke are motivated to quit and are referred per annum | |
| 3.11 | Review mechanisms to ensure all pre-registration pharmacists undertake generic competence training to allow them to provide effective smoking cessation support. | Wales Centre for Pharmacy Professional Education (WCPPE) | Ongoing | | 100% of pre-registered pharmacists able to offer the smoking cessation service once they register with the General Pharmaceutical Council (GPhC) at the end of their year | |
| 3.12 | Yearly increase in dental referrals to smoking cessation services in Wales. | Health boards, Public Health Wales, Postgraduate Deanery | Ongoing | | Increase in appropriate referrals from dental services By 2020, 2.5% of adults smokers | To be monitored by Deputy Chief Dental Officer, Public Health Wales and Deanery. 2.5% of adult smokers attending dental practices annually is estimated to be around 3000 in 2016/17. Data are not currently collected. |

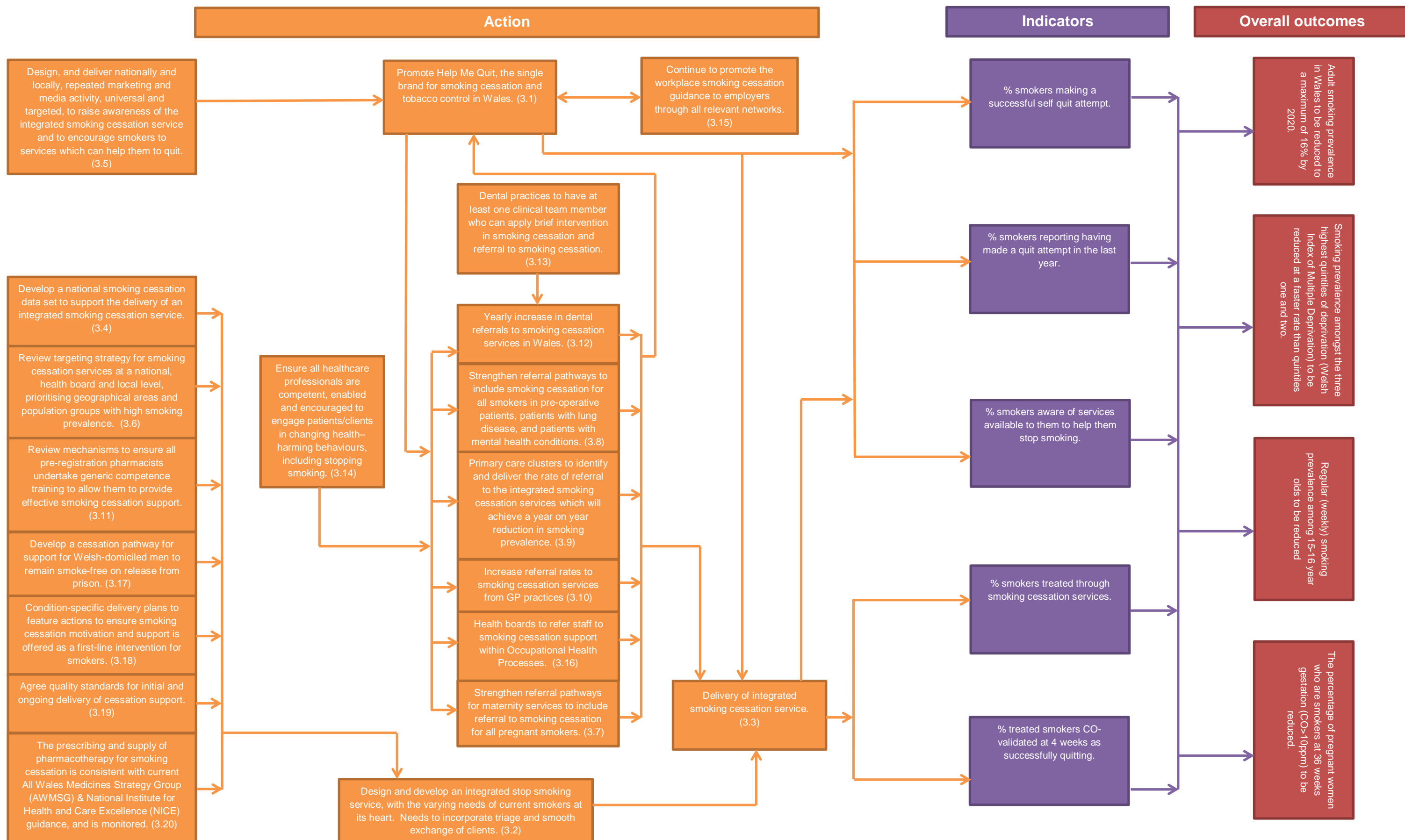
| Action | | Lead responsibility | To commence by | To conclude by | Proposed indicator and/or aspiration | Further detail of what is required |
|--------|---|----------------------|----------------|----------------|--|--|
| | | | | | (estimated) attending dental practices will be referred to Help Me Quit per annum (national and health board level target) | |
| 3.13 | Dental practices to have at least one clinical team member who can apply brief intervention in smoking cessation and referral to smoking cessation. | Postgraduate Deanery | Ongoing | 2020 | To be achieved in 75% of dental practices in each Health Board area by 2020 | To be monitored by Deputy Chief Dental Officer, Public Health Wales and Deanery. |
| 3.14 | Ensure all healthcare professionals are competent, enabled and encouraged to engage patients/clients in changing health-harming behaviours, including stopping smoking. | | Ongoing | | | Examples of appropriate training include Making Every Contact Count (MECC) and National Centre for Smoking Cessation and Training (NCSCT) level 1. |
| 3.15 | Continue to promote the workplace smoking cessation guidance to employers through all relevant networks. | Public Health Wales | Ongoing | | | Channels include websites, the workplace health e-bulletin, e-newsletter and employer engagement events for the Corporate Health Standard and Small Workplace Health Award |

| | Action | Lead responsibility | To commence by | To conclude by | Proposed indicator and/or aspiration | Further detail of what is required |
|------|--|--|-----------------------|-----------------------|---|---|
| 3.16 | Health boards to refer staff to smoking cessation support within Occupational Health Processes. | Health boards | Ongoing | | Increase in referrals Aspiration: 10% of staff who smoke and who are in direct contact with Occupational Health referred to smoking cessation services per annum | Health board occupational health services to record smoking status of all staff with whom they are in direct contact, and motivate, advise and record referral to smoking cessation services. Health board occupational health services to signpost to Help Me Quit in any relevant communications activity. |
| 3.17 | Develop a cessation pathway for support for Welsh-domiciled men to remain smoke-free on release from prison. | Public Health Wales, health boards, HM Prison and Probation Service in Wales | September 2017 | Ongoing | Increase in number of men remaining smoke-free on release | |
| 3.18 | Condition-specific delivery plans to feature actions to ensure smoking cessation motivation and support is offered as a first-line intervention for smokers. | Welsh Government | April 2017 | Ongoing | Line in delivery plans | |

| Action | | Lead responsibility | To commence by | To conclude by | Proposed indicator and/or aspiration | Further detail of what is required |
|--------|--|------------------------------------|-------------------------------------|----------------|--|---|
| 3.19 | Agree quality standards for initial and ongoing delivery of cessation support. | Public Health Wales, health boards | September 2017 | December 2018 | Standards available | Linked to Action 3.2. |
| 3.20 | The prescribing and supply of pharmacotherapy for smoking cessation is consistent with current All Wales Medicines Strategy Group (AWMSG) & National Institute for Health and Care Excellence (NICE) guidance, and is monitored. | Health boards | Monitoring to commence October 2018 | | % of prescribers and suppliers reviewed annually | <p>Monitoring to be linked to implementation of database (Action 3.4).</p> <p>Review criteria could include one or more of the following, but should be agreed nationally for consistency.</p> <ul style="list-style-type: none"> • % of all smokers making a quit attempt that are supported with pharmacotherapy • % of pharmacotherapy supplies of 2 weeks duration or less • % of treatment courses less than 8 weeks in total • % of treatment courses greater than 12 weeks in total • % of Nicotine Replacement Therapy (NRT) supplies consisting of a patch in combination with an immediate release product • average cost of pharmacotherapy / patient. |

Contribution of actions to indicators:

Action Area 3 – Reducing smoking prevalence levels



Action Area 4: Reducing exposure to smoking

Reducing exposure to smoking behaviour is key to reducing smoking prevalence. Research has found that children exposed to smoking are significantly more likely to start smoking themselves. Children with two parents who smoke are three times more likely to take up the habit, whilst children with one parent who smokes have been found to be 70% more likely to start smoking³². It is also known that two thirds of now-adult smokers took up smoking before the age of 18³³.

Progress to date

A number of measures have been tested and implemented in order to de-normalise smoking behaviours for children and young people and to protect them from the harms associated with exposure to second-hand smoke. It is now much less likely that young people will see smoking as a normal adult behaviour to which they aspire.

ASH Wales took forward a successful “smoke-free playgrounds” campaign across Wales which all local authorities signed up to and implemented. ASH Wales is currently undertaking campaigns to encourage smoke-free beaches and smoke-free school gates³⁴.

Following the three-year Fresh Start Wales awareness raising campaign on the harms associated with smoking in cars carrying children, legislation came into force in October 2015 which prohibits smoking in cars carrying those under 18. The legislation sends a strong message to people that smoking in cars with children on board is not acceptable.

All health boards across Wales have implemented smoke-free policies and voluntary bans on NHS hospital grounds. However, due to the voluntary nature of the bans there remain difficulties with enforcement despite best efforts.

³² Leonardi-Bee J, Jere ML, Britton J. (2011). Exposure to parental and sibling smoking and the risk of smoking uptake in childhood and adolescence: a systematic review and meta-analysis. *Thorax*; 66(10): 847-55.

³³ Robinson S and Bugler C (2010). Smoking and drinking among adults, 2008. General Lifestyle Survey 2008. ONS.

³⁴ <http://ashwales.org.uk/en/information-resources/topics>

Legislation will now support the voluntary bans. The Public Health (Wales) Act 2017³⁵ makes it an offence to smoke in the outdoor areas of school grounds, children's playgrounds, hospital grounds and outdoor care settings for children.

Key challenges

Our first challenge is to fully implement the tobacco and nicotine products chapters of the Public Health (Wales) Act 2017 and ensure their full potential is achieved through effective enforcement.

Alongside this we also need to ensure the further de-normalising of smoking in a range of situations, and particularly where children are present, so that smoking is de-normalised for future generations.

Indicators

The indicators and actions for this action area were proposed by the de-normalisation sub-group and agreed by the Tobacco Control Strategic Board.

³⁵ <http://www.legislation.gov.uk/anaw/2017/2/contents/enacted>

| Indicators for reducing exposure to smoking: Action Area 4 | Source | Latest figures |
|---|---|--|
| % of non-smoking adults (16+) regularly exposed to passive smoke by deprivation quintile. | National Survey | 34% (2016/17) Quintile 1 (most deprived) 44% Quintile 2 39% Quintile 3 34% Quintile 4 30% Quintile 5 30% |
| % of children reporting that one or more parent figure smokes | Previously Children's exposure to second-hand smoke (CHETS). Health Behaviour in School Aged Children (HBSC)/School Health Research Network (SHRN) from 2017/18 | 17% lower socio-economic status vs 7% higher socio-economic status (reported smoking in cars - CHETS Wales 2014) ³⁶ |
| % of people who think people in general approve or disapprove of others smoking tobacco cigarettes. | ASH Wales YouGov survey | 74% disapprove (2016) ³⁷ |
| How frequently people see others smoking around children. | Not currently collected | |
| % of people thinking smoking tobacco cigarettes is common/uncommon. | ASH Wales YouGov survey (adults) Health Behaviour in School Aged Children (HBSC)/School Health Research Network (SHRN) from 2017/18 | 67% adults think it common 11% adults think it uncommon (2016) ³⁸ |

³⁶ <http://gov.wales/statistics-and-research/exposure-secondhand-smoke-cars-ecigarette-use-among-children/?lang=en>

³⁷ <http://ashwales.org.uk/assets/factsheets-leaflets/YouGov-2016-%E2%80%93-Attitudes-towards-tobacco-control-in-Wales.pdf>

³⁸ <http://ashwales.org.uk/assets/factsheets-leaflets/YouGov-2016-%E2%80%93-Attitudes-towards-tobacco-control-in-Wales.pdf>

Actions

| | Action | Lead responsibility | To commence by | To conclude by | Proposed indicator and/or aspiration | Further detail of what is required |
|-----|--|---|-----------------------|-----------------------|---|---|
| 4.1 | Review current actions for smoking de-normalisation, including strategies to reduce inequalities in health caused by smoking, and make recommendations for further action in Wales. | Welsh Government via de-normalisation sub-group | Ongoing | | | Work with stakeholders to propose future action to further de-normalise smoking. |
| 4.2 | Implement legislation with regards to: i.) Re-stating restrictions on smoking in enclosed and substantially enclosed public and work places, and the regulation-making power for Welsh Ministers to extend the restrictions on smoking to additional premises or vehicles ii.) Placing restrictions on smoking in school grounds, hospital grounds, public playgrounds and outdoor care settings for children. | Welsh Government | July 2017 | July 2019 | Legislation in place | |
| 4.3 | Review the evidence and rationale for extending smoke-free premises into further non-enclosed public spaces. | Public Health Wales | April 2018 | October 2018 | | Consider the most appropriate delivery model to achieve smoke-free areas for each setting (such as awareness raising or |

| | Action | Lead responsibility | To commence by | To conclude by | Proposed indicator and/or aspiration | Further detail of what is required |
|--|--------|---------------------|----------------|----------------|--------------------------------------|---|
| | | | | | | <p>education programmes, voluntary bans or legislation) and make recommendations to Welsh Government through the Tobacco Control Strategic Board.</p> <p>Prioritising areas frequented by children including:</p> <ul style="list-style-type: none"> • All preschool, primary and secondary education settings • Playgrounds and other play sports facilities • Beaches • Sports Grounds • Family Attractions, including fairgrounds. <p>Examine other areas with high footfall such as:</p> <ul style="list-style-type: none"> • All NHS settings • Universities • High streets • Shopping outlets. |

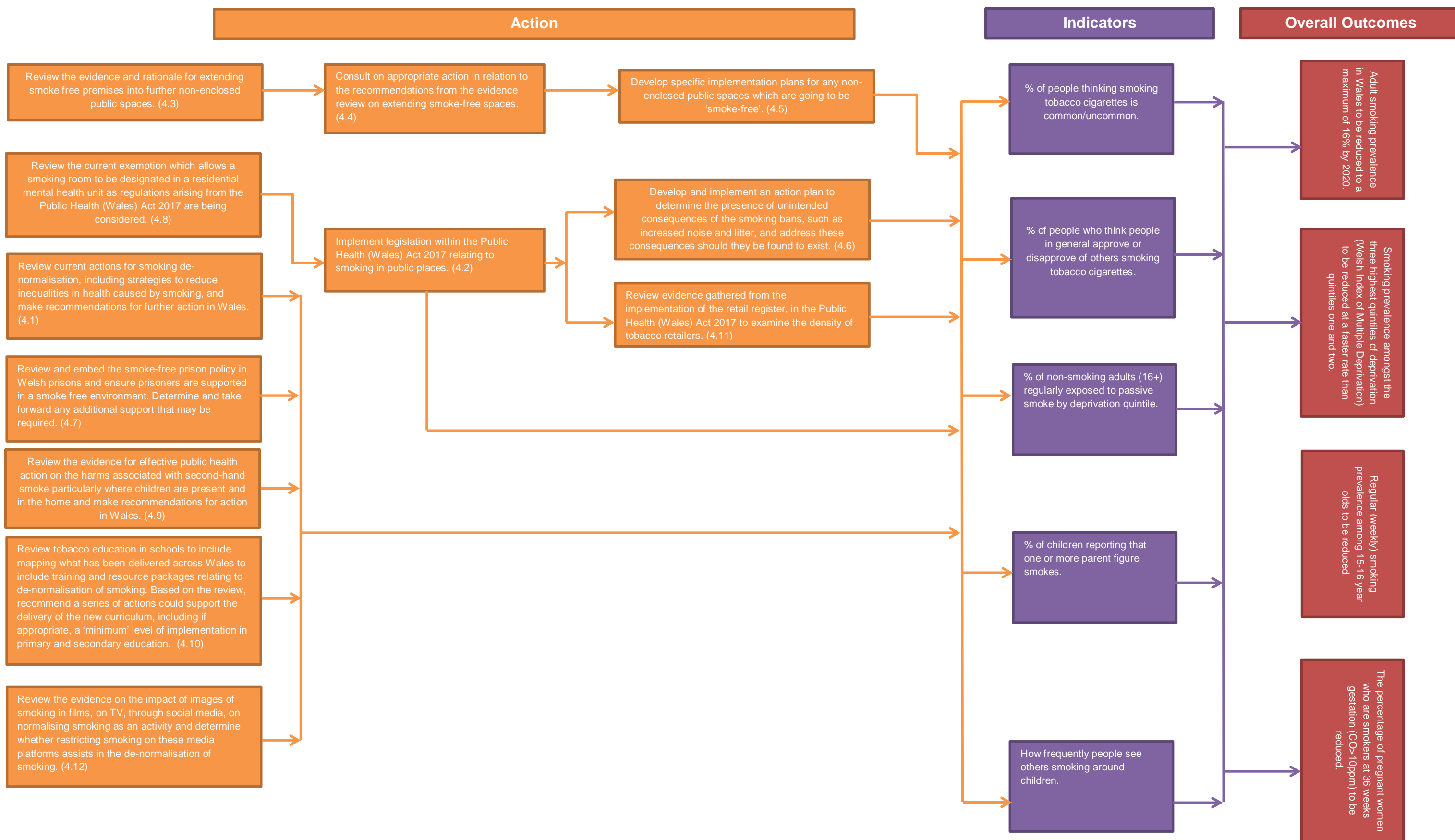
| | Action | Lead responsibility | To commence by | To conclude by | Proposed indicator and/or aspiration | Further detail of what is required |
|-----|--|--|-----------------------|-----------------------|---|---|
| 4.4 | Consult on appropriate action in relation to the recommendations from the evidence review on extending smoke-free spaces. | Welsh Government | July 2019 | October 2019 | | Develop action plans and timelines to introduce additional smoke-free spaces. |
| 4.5 | Develop specific implementation plans for any non-enclosed public spaces which are going to be 'smoke-free'. | Welsh Government | November 2019 | | | Opportunities should be taken to promote the positive aspects of designating the area smoke-free and highlighting to smokers there is free NHS advice available should they wish to stop smoking. |
| 4.6 | Develop and implement an action plan to determine the presence of unintended consequences of the smoking bans, such as increased noise and litter, and address these consequences should they be found to exist. | Local authorities | July 2019 | | | |
| 4.7 | Review and embed the smoke-free prison policy in Welsh prisons and ensure prisoners are supported in a smoke-free environment. Determine and take forward any additional support that may be required. | HM Prison and Probation Service in Wales | Ongoing | | | |
| 4.8 | Review the current exemption which allows a smoking room to be designated in a residential mental health unit as regulations arising from | Welsh Government | July 2017 | December 2018 | Inclusion of outcome in smoke-free premises | The exemption is provided in The Smoke-free Premises etc. (Wales) Regulations 2007. |

| | Action | Lead responsibility | To commence by | To conclude by | Proposed indicator and/or aspiration | Further detail of what is required |
|------|---|----------------------------|-----------------------|-----------------------|---|--|
| | the Public Health (Wales) Act 2017 are being considered. | | | | regulations arising from the Public Health (Wales) Act 2017 | Review should include consideration of parity between NHS and private provision. |
| 4.9 | Review the evidence for effective public health action on the harms associated with second-hand smoke particularly where children are present and in the home and make recommendations for action in Wales. | Public Health Wales | April 2018 | | | |
| 4.10 | Review tobacco education in schools to include mapping what has been delivered across Wales to include training and resource packages relating to de-normalisation of smoking. Based on the review, recommend a series of actions could support the delivery of the new curriculum, including if appropriate, a 'minimum' level of implementation in primary and secondary education. | Public Health Wales | October 2017 | | | |
| 4.11 | Review evidence gathered from the implementation of the Retail Register, in the Public Health (Wales) Act 2017 to examine the density of tobacco retailers. | Welsh Government | July 2019 | Ongoing | | |

| | Action | Lead responsibility | To commence by | To conclude by | Proposed indicator and/or aspiration | Further detail of what is required |
|------|--|----------------------------|-----------------------|-----------------------|---|---|
| 4.12 | Review the evidence on the impact of images of smoking in films, on TV, through social media, on normalising smoking as an activity and determine whether restricting smoking on these media platforms assists in the de-normalisation of smoking. | ASH Wales | April 2018 | | | |

Contribution of actions to indicators:

Action Area 4 – Reducing exposure to second-hand smoke



Tobacco Control Strategic Board:

Membership

| | |
|-------------------------------|---|
| Frank Atherton, Irfon Rees | Chief Medical Officer, Chair Welsh Government |
| Chris Brereton | Welsh Government, Chair for cessation sub-group and illegal tobacco task and finish group |
| Sue Bowker | Welsh Government |
| Julie Bishop | Public Health Wales, Chair of prevention sub-group |
| Teresa Owen | Directors of Public Health |
| Michael Thomas | British Medical Association |
| Suzanne Cass | ASH Wales, Chair of de-normalisation sub group |
| Dave Holland | Directors of Public Protection Wales |
| Chrissie Pickin | Public Health Wales |
| Judith Leetch | Welsh Government, Secretariat |

The Minister for Social Services and Public Health to attend once a year.

Sub-group for prevention:

Membership

Representatives of:

- Public Health Wales
- Directors of Public Health
- Directors of Education
- ASH Wales
- DECIPHer, Cardiff University
- Welsh Network of Healthy School Schemes
- Directors of Nursing
- Welsh Government
- Principal Youth Workers
- Heads of Trading Standards Wales

Sub-group for smoking cessation:

Membership

Representatives of:

- Welsh Government
- Public Health Wales
- ASH Wales
- Betsi Cadwaladr public health team
- Aneurin Bevan public health team
- Hywel Dda University Health Board
- Powys Teaching Health Board
- Royal College of General Practitioners

Sub-group for de-normalisation:

Membership

Representatives of:

- ASH Wales
- Welsh Local Government Association
- Public Health Wales
- Cardiff and Vale public health team
- Wales Centre for Behaviour Change
- Youth Cymru

Task and finish group for illegal tobacco:

Membership

Representatives of:

- Welsh Government
- Public Health Wales
- ASH Wales
- Welsh Local Government Association
- HMRC
- Local authority trading standards